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ABSTRACT

The practicum reported here involved the design of a hygiene awareness unit to help 30 second-grade students in an inner-city school become aware of and improve their personal and oral hygiene, and to provide necessary knowledge concerning pediculosis. Surveys of students and faculty prior to the program demonstrated the need for such a program as did student pediculosis records. The hygiene awareness unit consisted of 12 comprehensive lessons covering three areas: personal hygiene, dental hygiene, and pediculosis. Special characteristics of the program included hands-on experience with individual personal hygiene kits; a sticker chart to reinforce specific hygiene habits; a field trip to a health museum; a talk by a dental hygienist; and extensive use of role playing, skits, and puppetry. Evaluation indicated substantial improvement in student health habits and a significant reduction in the number of students with pediculosis. Appendices include letters, surveys, questionnaires, and instructional materials used in the unit. (Contains 21 references.) (JB)

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ED 387 446

Improving the Awareness of Personal and Oral Hygiene in Second Graders

by

Kathleen Meleskie-Lippert

Cluster 56

A Practicum I Report Presented to the
Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA SOUTHEASTERN UNIVERSITY

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ABSTRACT

Improving the Awareness of Personal and Oral Hygiene in Second Graders. Lippert, Kathleen Meleskie, 1994: Practicum Report, Nova Southeastern University, Ed.D. Program in Child and Youth Studies. Hygiene Awareness/Cleanliness/Primary Grades/Teaching Dental Concepts/Oral Hygiene/Pediculosis.

The problem addressed in this practicum was students in second grade were not aware of proper personal and oral hygiene. Students did not have the knowledge to diagnose and treat pediculosis.

The major goal of this practicum was to design a hygiene awareness unit that enabled second-grade students the opportunity to become aware of their personal and oral hygiene. Additionally, students acquired knowledge needed to diagnose and treat pediculosis.

The writer documented the problem by administering surveys to second-grade students and faculty. Evidence of the problem was supported by feedback given by students and faculty. Student pediculosis records were examined, also. The writer developed and implemented a hygiene awareness unit that included three components: personal hygiene, dental hygiene, and pediculosis. This unit consisted of 12 comprehensive lessons.

Analysis of the data revealed that the majority of the students became increasingly aware of their personal and oral hygiene. There was a decline in the number of occurrences of pediculosis, also.

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CHAPTER I

INTRODUCTION

Description of Community

This practicum took place in an inner-city elementary school located in an urban area in the Midwest as a part of a large school district within the city. This area is one where poverty, violence, crime, and gang activity are prevalent problems.

The population is rapidly growing with an enrollment of approximately 1500 students. A Catholic school building, eight mobile classrooms, and the main school building are within a two-block radius of each other and accommodate all 1500 students.

The average class size at the primary level is 34 and the intermediate and upper levels maintain 30 students in each class. The school consists of one preschool, three kindergartens, and several classrooms for grades one through eight. There are three monolingual and bilingual classrooms at the second-grade level.

The 30 students involved in this practicum were in the second grade. This classroom was a mobile unit located on the parking lot approximately 50 feet from the main building. The windows in the mobile units did not open; as a result, there was little ventilation. Because of security

reasons it was not feasible to open the doors. In the past, when the doors were open stray dogs and cats would enter the classroom. Fortunately, all the mobile units were air conditioned.

Ninety-five percent of the students were Hispanic, four percent were Caucasian, and one percent was Arabic. All the students in the writer's class spoke Spanish fluently and were learning English; however, 30 of the 45 parents spoke Spanish only.

Ninety-five percent of the students were from a low-socioeconomic background and resided in a one-to-four-block radius from school. Fifty percent of the students in this class were residing with only one parent. Fifteen of the 30 families were not currently employed and were receiving welfare. Forty percent of the students came from families that had one income.

Parental involvement was not a strength in this community. Many parents found it difficult to become involved in parent and teacher conferences and other school activities because they were working. Some parents felt that their child's education was not a priority.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Students in this classroom were not aware of proper personal and oral hygiene. The classroom atmosphere had an unpleasant odor because students were not bathing regularly. Individuals with an odor were alienated by other students and often had to play by themselves.

Forty-six percent of the students in this class came to school with poor personal hygiene behavior. Apparently, these students were not bathing properly prior to attending school. The students' hair was disheveled and unclean. Students attended school wearing soiled clothes everyday. Forty-six percent of the students in this class came to school with poor oral hygiene, also. Twenty-six percent of the students had recurring head lice. Frequently, students had pediculosis for two or three weeks consecutively.

The school curriculum did not include a health program nor were health textbooks available. Students had not been educated to become aware of their own personal and oral hygiene. The teachers had not integrated their own health programs into their class curricula.

Problem Documentation

Evidence of the problem was supported by student and teacher observations, student surveys, faculty interviews, and a review of student records. The following information explains in detail the evidence that supported the problem.

Students in this second-grade class were aware of those individuals who had unpleasant odors. The writer observed the students with unpleasant odors being isolated from their peers. On numerous occasions upon entering the room faculty, students, and parents had commented on the unpleasant odor.

All 30 students were surveyed regarding their specific daily hygiene habits (Appendix A). The results of this survey were indicative that students were not practicing personal or oral hygiene on a daily basis (Table 1).

Table 1 PRE-STUDENT SURVEY RESULTS

Incidences of personal and oral hygiene practiced on a daily basis					
Once	13	10	13	10	10
2 to 3 daily	3	3	3	3	6
4 to 5 daily	0	3	0	3	0
Never	14	14	14	14	14
Habits	bathe	wash hands and face	wash hair	comb hair	brush and floss teeth

The writer interviewed five other second-grade teachers. Four of five teachers strongly agreed that many students had poor hygiene behavior and recurring head lice (Appendix B). Moreover, during the 1992-1993 school year, student records were examined. The results indicated that eight of the 30 students in the writer's class had recurring head lice. The writer had counted the student pediculosis forms that had been sent home (Appendix C).

Causative Analysis

There are several reasons that have been identified regarding improper hygiene habits. The problem can be attributed to the following causes. On the basis of student pre-survey results, 46% of the students were not bathing regularly. Many students had an unpleasant body odor for several days. These students were not practicing cleanliness on a daily basis.

Forty-six percent of the students were not brushing or flossing their teeth regularly. These students were not aware of the significance of brushing and flossing at least twice daily to maintain proper dental health.

Based on student records, 26% of the students were not washing their hair with medicated shampoo to eliminate recurring head lice. The students were not aware of the importance of treating this problem immediately. Students were not aware of how head lice are spread; therefore, the problem was not being eliminated.

Relationship of the Problem to the Literature

The importance of practicing proper personal and oral hygiene is confirmed in the literature. The evidence gathered supports the existence of students not practicing proper hygiene habits within many school systems.

Poor personal hygiene behavior is growing throughout the United States. Rosenfield-Schlichter, Sarber, Bueno, Greene, and Lutzker (1983) indicated that poor hygiene behavior stems from child neglect. The social problem of child neglect is rapidly rising. Child neglect can involve insufficient attention to providing a child with a proper diet, clean and safe environment, proper medical care, and adequate personal hygiene. Personal cleanliness includes maintaining clean hands, face, hair, clothes, and the absence of body odor. Allen and Kramer (1990) suggested that students are not taking the responsibility for practicing proper hygiene habits. Although many students have an apathetic attitude in regard to their personal hygiene, there are students who may be behaviorally impaired which may cause them to have poor hygiene behavior.

Greenberg (1977) revealed that dental disease is prevalent throughout the United States. Ninety-five percent of children and adolescents are affected by cavities. Sixty-five percent of this population suffers from gingivitis (inflammation of the gums). Dental hygiene is affected when dental health is not integrated into the curriculum throughout all grade levels. Students are not

receiving a repetitive health program that reinforces proper dental hygiene continually (Houle, 1982). Jenny and Frazier (1974) indicated that low income affects dental hygiene and treatment. Family income strongly influences oral hygiene behaviors and periodic dental visits. Eighty-six percent of white children and 95% of nonwhite children under the age of five, have never been to the dentist.

The head lice epidemic is a growing problem in today's schools. Slonka (1977) suggested that ignorance, misunderstanding, and poverty contribute to its persistence in families. Pediculosis is more prevalent in children from low-socioeconomic backgrounds. The occurrence of infestation is higher in females than males and Caucasians and other races are affected more than African Americans (Juranek, 1977). Head lice may be transmitted through combs, brushes, bedding, apparel (hats), and upholstered furniture.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

The following goals and outcomes were projected for this practicum.

Goals and Expectations

The goal of the writer in this practicum was to design and implement a personal and oral hygiene awareness unit for second-grade students. The writer expected students to become increasingly aware of their personal and oral hygiene.

Expected Outcomes

The following outcomes were expected to result from the implementation:

1. Twenty-seven of the 30 students in the writer's second-grade class will show evidence of improvement in practicing personal and oral hygiene habits on a daily basis.
2. Twenty-nine of the 30 students in the writer's class will be free of recurring head lice.
3. All students will interact cooperatively with those who were previously alienated, therefore, providing a more pleasant atmosphere.

4. Faculty will indicate through interview surveys that 27 of the 30 students practice proper hygiene behavior.

Measurement of Outcomes

The writer has developed a personal hygiene student survey that was utilized to assess students' progress at the beginning and end of the three-month implementation period (Appendix A). Students had alternatives to choose from for their responses. This instrument determined if the students had improved hygiene habits on a daily basis. A monitoring chart on display in the classroom indicated each child's daily progress. If the student maintained six of the seven hygiene habits listed on the survey each day, the student earned a sticker on the chart. Those students receiving a sticker every day received a treat at the end of the week. The writer measured students' interaction with each other by observing classroom behavior. While observing the students informally, the writer determined if students were interacting with those who were previously isolated.

Faculty members at the second-grade level completed an observational interview survey (Appendix B) which measured feedback from respected faculty members at the beginning and the end of the three-month implementation period. It indicated if faculty members concur that the students in the writer's class had improved daily hygiene habits. Faculty members selected the best response based on their current observations.

The evaluation tool used to measure recurring head lice was student pediculosis forms. The school nurse checked students for head lice on a monthly basis. At the conclusion of the implementation, the writer counted the head lice forms to determine if there had been significant improvement (Appendix C).

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solution

There are several plausible solutions discovered from research to rectify this problem. Allen and Kramer (1990) advocated contingency contracting as an effective technique in facilitating hygiene behavior change. This contract provides a framework for a small population with hygiene problems. Various human services can be coordinated to assist students who are suffering from poor personal hygiene. State child protective agencies offer assistance in child neglect cases when poor cleanliness is prevalent (Rosenfield-Schlichter, Sarber, Bueno, Greene, and Lutzker 1983).

De La Concha (1985) demonstrated how to reduce the spread of germs by analyzing the different types of germs. Students learn the proper method of washing hands to prevent the spread of germs. Lankard (1987) suggested a learning module that teaches students how to present a positive image. Grooming, dental, and cleanliness tips are offered in the literature. For instance, students are responsible for bathing regularly, brushing and flossing teeth, trimming nails, maintaining clean neat hair, and wearing clean

clothes. Another possible solution to enhance proper hygiene behavior is to utilize positive reinforcement which modifies poor existing hygiene habits. For instance, if students return to school with clean hands and face, they have an opportunity to select a prize from a treasure box (Salend and Mahoney, 1982). Greenberg (1977) suggested a behavior modification program to increase the frequency of brushing and flossing. A reward system utilized by parents is an effective technique to motivate students to brush and floss regularly.

Friedman (1974) proposed a training lab for teachers to augment their ability to teach the concepts and techniques of good oral hygiene. The purpose of this lab is to assist teachers in recognizing plaque and to provide instruction on removing plaque from one's own mouth. A sodium fluoride mouthrinse program is designed to help prevent cavities. Petchel and Mello (1977) believed this school-based program is ideal because it is economical, easy to administer, and requires minimal interruptions in the academic curriculum.

Evans (1973) suggested that the utilization of disclosing tablets may motivate students to modify their brushing habits. After the disclosing tablet reveals plaque, the students are motivated to brush more frequently. Consequently, students learn about tooth decay through an observation center within their classroom. Jahnke and Iiams (1991) indicated when students analyze a decayed tooth, they become enthusiastic about brushing and flossing. A

collaborative effort on behalf of teachers, parents, and dental professionals in developing teacher kits and dental care instruction folders for students enhance proper hygiene behavior (Smith, 1974).

In addition, Holder-Hazlett (1983) proposed that a teacher may encourage primary students to bathe and brush teeth regularly by utilizing pantomimes and songs. This innovative technique motivates students to want to become aware of their personal and oral hygiene behavior. Billstein (1977) discussed methods of diagnosing and treating head lice. A concise explanation of how to rectify the problem is provided.

All of the solutions provided from the literature are designed to alleviate poor hygiene behavior. As a result of innovative teaching methods, researchers have found significant improvement to the problem of poor personal and oral hygiene. The possible solutions previously examined were all ideas that may work in a variety of classroom situations. It was vital to analyze all research to determine what solutions would be most effective in this particular classroom.

The development of a training lab for teachers to enhance their hygiene knowledge and teaching strategies was not feasible in the writer's situation. The writer was interested in preparing a program within this second-grade classroom only. If the program was successful, other faculty members may be interested in integrating this

unit into the curriculum. Sodium fluoride mouthrinse and disclosing tablets were not readily available resources; therefore, this program would not be ideal.

Parental involvement was not a strength in the writer's school; therefore, involving parents in this hygiene program would not be beneficial to the students. Contingency contracting was only appropriate for a small population that required behavior modification. Forty-six percent of this class needed to become aware of and practice personal and oral hygiene habits.

The implementation of observation centers within the classroom was a suitable approach for teaching tooth decay. Students learn from experiments; therefore, examining tooth decay would be an advantageous experience. An effective method for enhancing personal and oral hygiene behavior was through drama, pantomimes, and songs. Primary students enjoy learning when they can become involved. The writer advocated a learning module that teaches students how to present a positive image. Grooming, dental, and cleanliness suggestions were essential for proper hygiene. An effective hygiene program consists of pertinent information regarding head lice and the spread of germs.

Description of Selected Solution

The writer prepared and implemented a hygiene awareness unit. This unit is entitled "Improving the Awareness of Personal and Oral Hygiene in Second Graders." It included

innovative methods for improving students' awareness of personal and dental hygiene. The diagnosis and treatment of head lice were included. The duration of the unit was thirteen weeks.

The writer had several self-generated ideas that enhanced students' awareness to practice proper hygiene habits. The implementation of a hands-on experience with personal hygiene kits for each student augmented motivation. A sticker chart that indicated specific hygiene habits performed each day encouraged students to practice hygiene habits daily. Using a microscope to analyze germs in conjunction with a discussion about the types of germs enhanced students' curiosity.

A supplementary activity for an instructional dental unit was to invite a dental hygienist to speak to the class. Moreover, a field trip to a health museum and a nearby college with a dental hygienist program may motivate students' hygiene behavior. Another innovative activity to ensure personal hygiene was to encourage students to participate in puppetry, skits, and drama. Also, students may create songs and gesticulations to help them remember the steps for good oral hygiene. Finally, integrating self-esteem and hygiene is a crucial variable in this program; therefore, by utilizing art materials students may create a mirror image of themselves that will augment one's self-esteem.

An emphasis was placed on the students taking the responsibility for their own hygiene behavior. The intention of this unit was not to offend any student or parent, rather to teach students to be responsible for taking proper care of themselves. It was the writer's aim for all students to succeed in this unit. The writer educated the students using most of the self-generated ideas previously discussed in conjunction with lectures, group discussions, cooperative learning groups, hands on experiences, experiments, guest speakers, and field trips.

A strong emphasis was placed on the frequency of practicing each habit. Students were given a hygiene kit at the beginning of the unit. Each student was required to utilize the hygiene materials of this kit on a daily basis throughout the implementation period. The contents of the kit were as follows: a bar of soap, a wash cloth, a hand towel, a toothbrush, toothpaste, floss, a comb, a cup, and a small box of kleenex.

The students were instructed on how to diagnose and treat head lice. Worksheets, word searches, quizzes, and tests were included for each component of this hygiene awareness unit. Students learned to practice personal hygiene while acquiring knowledge about dental hygiene and pediculosis. It was the intention of the writer to emphasize the importance of practicing all personal and dental hygiene habits throughout life.

Report of Action Taken

The administration approved the hygiene unit prior to implementation. Moreover, the parents were informed of the writer's intentions prior to implementing the unit (Appendix D). The writer did not receive any negative feedback from parents regarding the hygiene unit.

The writer organized the hygiene unit into three components. During the first month of the unit, the students learned about personal hygiene behavior. The writer discussed dental hygiene during the second month of the implementation. Finally, the students learned about the diagnosis and treatment of pediculosis throughout the last four weeks. There were 12 comprehensive lessons throughout the entire unit.

The students utilized their personal hygiene kits almost daily throughout the entire implementation period. Periodically, when students were expected to attend special activities and assemblies, they were not able to utilize their personal hygiene kits on that particular day. The concepts of this unit were taught three days a week.

MONTH ONE:

Week One: **AN INTRODUCTION TO PERSONAL HYGIENE**

The writer introduced the students to the concept of personal hygiene. Using a semantic map, the writer and students brainstormed a variety of ways an individual can practice proper personal hygiene. During the week, the writer distributed the personal hygiene kits. The students

began utilizing their kits on the first day, following a discussion about personal hygiene. Throughout the week, students completed a multiple choice worksheet that focused on personal hygiene (Appendix E).

Furthermore, the writer discussed and displayed a personal hygiene progress chart. The writer explained the guidelines for earning stickers and treats to the students. Students who practiced proper personal hygiene each day earned a sticker on the hygiene chart. Those students who earned four to five stickers during the week earned a treat at the end of the week. The personal hygiene kits and hygiene chart were utilized throughout the entire hygiene awareness unit.

Week Two: **PRACTICING PERSONAL HYGIENE HABITS**

The writer read several stories that pertained to practicing proper hygiene behavior. Through cooperative learning, students thought of pantomimes and demonstrated how pantomimes could enhance their hygiene habits. Throughout the week, a small group of students prepared a hygiene habit poem.

Next, the students utilized role playing to emphasize the importance of practicing proper hygiene habits on a daily basis. The premise of this lesson was to identify the feelings of those students who might have been alienated for having an unpleasant odor. The students were extremely enthusiastic in regard to all of the activities that were

prepared for the lesson. Finally, the writer distributed and discussed a personal hygiene pamphlet with the students.

Week Three: **GERMS**

The writer introduced the students to the concept of germs. Initially, the writer read a story regarding germs; consequently, students became curious. The writer assessed students' prior knowledge by generating a discussion about where germs can be found. Throughout the week, the students observed a movie focusing on germs and their origins. During the week, individuals analyzed a germ sample under handheld microscopes. The writer obtained a sputum specimen from a hospital laboratory. The students were enthusiastic while examining a bacteria specimen under microscopes.

Following the germ activity, the students worked cooperatively to identify the different types of germs on a worksheet (Appendix E). The writer assisted the students in identifying the different types of germs. The students completed a germ word search puzzle at the end of the week.

Subsequently, the writer initiated a discussion regarding infections. Students learned that an open cut needs to be properly cleaned or it may become infected. The writer utilized apples to demonstrate what may happen to an open cut that is not properly cleaned. The apples that had been cut became discolored. The writer used this model as an example of an open cut that was not cleaned. That experiment was utilized to emphasize the importance of practicing proper hygiene.

Week Four: **CREATING A MIRROR IMAGE**

This lesson enabled the students to create their own mirror image by utilizing art materials. The premise of this lesson was to build students' self-esteem and to foster their creativity. The writer encouraged the second graders to write a creative story about hygiene awareness. The students' mirror image projects and stories were on display on the classroom bulletin board.

In addition, to evaluate students' knowledge about personal hygiene, the writer administered a quiz at the end of the week (Appendix F). The quiz included concepts that were covered throughout the first month of the hygiene awareness unit.

MONTH TWO:

Week Five: **DENTAL/ORAL HYGIENE**

The writer defined oral hygiene and distributed toothpaste and toothbrush packets to each student. The writer obtained the dental packets from the American Dental Association. The students were introduced to the proper brushing and flossing techniques. The writer taught students that brushing and flossing their teeth, and visiting a dentist are necessities for maintaining proper oral hygiene.

Many of the students in the class were losing their primary set of teeth; therefore, as a class they read books pertaining to losing primary teeth. The writer kept records of the students who lost a tooth during the dental hygiene

component of the awareness unit. At the end of the week, the writer demonstrated the proper techniques for flossing and brushing. The students had an opportunity to brush their teeth using their dental packets.

Week Six: **PROPER BRUSHING AND FLOSSING TECHNIQUES**

The writer focused on listing the steps for proper brushing and flossing. The writer assisted the students with this activity (Appendix G). The steps were rewritten by the students. The writer distributed floss to the students.

Students documented their hygiene habits in their daily journals and viewed a movie on maintaining proper oral hygiene. The writer continually stressed the importance of brushing teeth at least twice a day. At the end of the week, the writer distributed and discussed a dental hygiene pamphlet.

Week Seven: **UNDERSTANDING A TOOTH DIAGRAM**

The writer introduced the students to the different parts of the tooth and the four kinds of teeth. The writer provided each student with a tooth study guide (Appendix G). The writer assisted the students with labeling the tooth diagram following a class discussion.

The writer introduced the students to an experiment emphasizing the importance of having strong teeth. The students covered half of an egg with toothpaste and then set the egg into vinegar to illustrate how acids can cause tooth decay. After several hours, by tapping it lightly students

checked to see if the unprotected side (the side without toothpaste) had softened. Many students found the unprotected side soft. The rationale for this experiment was to illustrate the importance of protecting one's teeth.

In addition, the students took a field trip to a health museum. The students observed a variety of tooth models. They viewed a movie at the museum that focused on proper brushing and flossing techniques. Another second-grade class visited the health museum with the writer's class. The students wrote and illustrated a short story about their experiences while visiting the health museum.

Week Eight: **DENTAL HYGIENE REVIEW**

The writer focused on reviewing the pertinent concepts previously learned regarding proper dental hygiene. To ensure competency, the writer observed students while they brushed their teeth. The writer administered a dental hygiene test at the end of the week. Students were responsible for understanding dental hygiene concepts and for identifying the four kinds of teeth; however, students were not responsible for identifying the different parts of the tooth (Appendix H).

To provide more information on dental hygiene concepts, the writer had contacted a dentist to come in and speak with the students. While presenting numerous tooth models, the dentist thoroughly discussed tooth decay, and demonstrated the proper technique for brushing and flossing. Dental

coloring books and toothbrush book markers were distributed at the end of the presentation.

MONTH THREE:

Week Nine: **PEDICULOSIS**

The writer introduced the class to the concept of pediculosis. Head lice was defined and the methods of diagnosing the problem were discussed. Many of the students were familiar with head lice. A head lice pamphlet was distributed to the students which included a coupon for medicated shampoo.

As well as defining and diagnosing during a class discussion, the writer differentiated between nits and lice. Periodically, the school nurse checked each student for pediculosis. Those students with symptoms of head lice were sent home immediately.

Week Ten: **THE TRANSMISSION OF HEAD LICE**

The writer focused on the transmission of head lice. Using brainstorming techniques, students thought of a variety of ways that head lice may be transmitted. The writer emphasized the fact that pediculosis is contagious. A semantic map was used to illustrate this activity.

Also, the writer continually stressed the importance of having parents check their child for head lice on a regular basis. Subsequently, the writer explained a step-by-step treatment plan to eliminate pediculosis. Students listed these steps sequentially.

Week Eleven: **PEDICULOSIS TERMINOLOGY**

The focal point of the week was head lice terminology. The students cooperatively completed a word search activity using the terminology discussed in previous lessons (Appendix I). In addition, the writer assessed the students' knowledge of pediculosis by administering a quiz at the end of the week (Appendix J).

Week Twelve: **HYGIENE AWARENESS REVIEW**

The writer reviewed all of the concepts emphasized throughout the entire hygiene awareness unit. The writer discussed cleanliness and grooming suggestions with the students. The students completed the post-survey at the end of the week (Appendix A).

There were four unexpected events that occurred throughout the implementation that altered the original plans for this practicum. Originally, the writer planned to have students utilize their hygiene kits at the sink located in the classroom. However, the writer was transferred to a different classroom without a sink. Prior to the implementation, the writer developed a lavatory schedule for all the classes on the floor. This schedule allowed students adequate time to utilize their hygiene kits; hence, preventing unnecessary congestion in the lavatories and corridors. The writer anticipated conflicts among faculty members; however, the faculty complied with the schedule and there were no confrontations.

The second unexpected event that occurred took place while implementing the dental hygiene component of this hygiene awareness unit. Due to an excessive number of students visiting the health museum, there were no vacancies during the month in which dental hygiene was taught. The field trip to the health museum was rescheduled one month later; therefore, the completion of this practicum was delayed.

Furthermore, the writer had extreme difficulty contacting a dental hygenist to come and speak to the class. The writer contacted numerous Dental Hygenist Associations, American Dental Associations, Dental and Hygenist schools, and dental offices. After several attempts, the writer obtained a dental hygenist. However, the hygenist canceled the presentation two days prior to the visitation and was unable to reschedule.

Finally, the writer located a dentist in the nearby vicinity of the school. The dentist came to the school and gave a presentation on proper brushing and flossing techniques. The dentist used tooth models to deliver a concise demonstration about tooth decay. An advantageous feature of the presentation was the dentist's ability to speak to the students in both Spanish and English. Due to conflicting schedules, the dentist delivered the presentation following the completion of the implementation of the hygiene awareness unit.

The fourth unexpected event that occurred involved the lack of participation among the second-grade faculty. Prior to the implementation, five faculty members participated in completing the observational interview survey. As a result of a reorganization among faculty, only one faculty member was interested in the writer's hygiene awareness unit.

There was one roadblock during the dental component of the hygiene awareness unit. Originally, the writer proposed a field trip to a nearby college that offered a dental hygenist program. Unfortunately, there were no dental hygenist programs at the nearby colleges. However, the writer located a college with a dental hygenist program; but, the college was 40 miles from the school and the district would not approve a field trip of that distance.

CHAPTER V

RESULTS, DISCUSSIONS, AND RECOMMENDATIONS

Results

Twenty-nine of the 30 students stated they practiced each hygiene habit listed on the survey on a daily basis (Table 2). Furthermore, 29 of the 30 students received a sticker on the monitoring chart which indicated that six of the seven hygiene habits were practiced each day. Students were able to practice many of the hygiene habits using their hygiene kits while in class.

Table 2 POST-STUDENT SURVEY RESULTS

Incidences of personal and oral hygiene practiced on a daily basis.

Once	29	0	29	22	9
2 to 3	0	9	0	7	20
4 to 5	0	20	0	0	0
Never	1	1	1	1	1
Habits	bathe	wash hands and face	wash hair	comb hair	brush and floss teeth

The students' acquisition of knowledge regarding personal and oral hygiene was measured by completing worksheets, word search puzzles, quizzes, and tests. The

results for the personal hygiene quiz and dental hygiene test are listed in tables 3 and 4.

Table 3

PERSONAL HYGIENE QUIZ RESULTS

Students	Scores
5	100%
12	93%
5	87%
6	80%
2	73%

Table 4

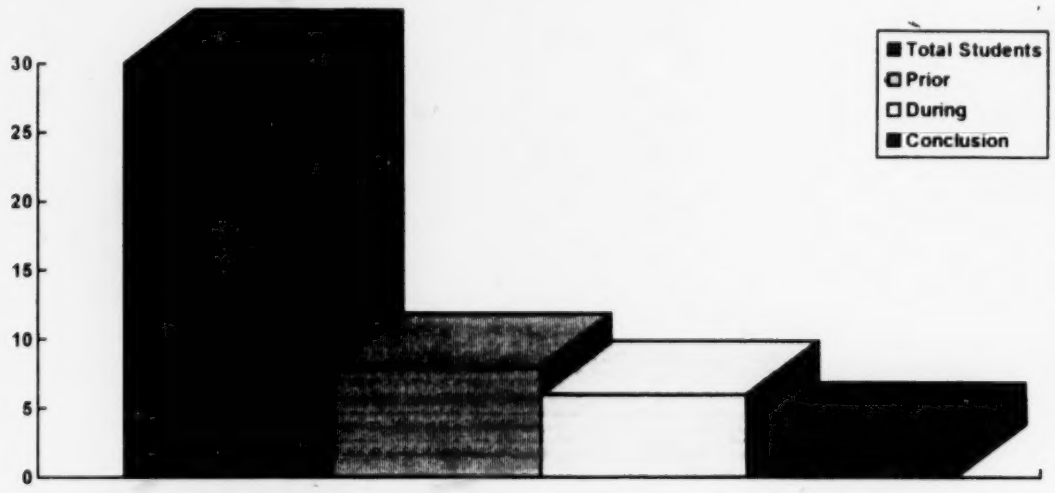
DENTAL HYGIENE TEST RESULTS

Students	Scores
3	100%
2	96%
7	88%
5	83%
1	79%
8	75%
3	71%
1	63%

Throughout implementation, six of the 30 students had recurring head lice. At the conclusion of implementing this hygiene unit, three of the 30 students had recurring head

lice; therefore, 27 of the 30 students were free of recurring head lice. Students with pediculosis were sent home immediately, and parents were advised to use medicated shampoo for treatment. Students were rechecked immediately upon their arrival to school. The bar graph (figure 1) indicates the decline of students experiencing pediculosis following the implementation.

Figure 1



The writer conducted numerous discussions regarding the diagnosis and treatment of pediculosis. Many of the students stated that parents checked them for head lice regularly. Students' acquisition of knowledge regarding pediculosis was assessed by completing a worksheet, a word search puzzle, and a quiz. The second graders were expected to complete the quiz independently. The results are listed in table 5.

Table 5

PEDICULOSIS QUIZ RESULTS

Students	Scores
8	100%
16	83%
5	75%
1	67%

There was one student who experienced parental neglect; therefore, he was unable to maintain many of the habits listed on the student survey. However, the writer did informally observe all the students interacting cooperatively with each other. The students who were previously alienated were presently interacting with other classmates.

The writer received feedback from one second-grade teacher regarding the improvement of students' hygiene behavior. This educator stated that 29 of the 30 students practiced proper hygiene behavior on a daily basis. The writer's colleague's class attended the field trip to the health museum and was present for the dentist's presentation.

Discussion

The personal hygiene kits were a vital attribute of this hygiene awareness unit. The students were all enthusiastic in regards to utilizing these kits on a daily

basis. The availability of the hygiene kits enhanced the students' opportunity to maintain most of the hygiene habits listed on the student survey. As a result, the majority of the students were successful. Although the writer has completed the implementation, the students in the writer's class continued to utilize their hygiene kits.

The dental hygiene component of this unit motivated students to maintain personal oral hygiene. The advantageous features of this component were the health museum and the dentist's presentation. Students were excited about brushing and flossing their teeth in school. However, flossing was cumbersome for many students due to the large gaps between teeth.

Students in the writer's class understood the content discussed throughout the dental hygiene component. However, the material pertaining to the different kinds of teeth, and learning the different parts of the tooth seemed difficult for students to retain. Although the content was difficult, the students scored well on the dental hygiene test. The writer anticipated that this content may be difficult for many individuals.

Although the expected outcome for the pediculosis component was not met, the writer observed a significant improvement at the conclusion of the implementation. The decline of occurrences of infestation indicates that the pediculosis component of this hygiene awareness unit

contributed to eliminating a large number of students with recurring head lice.

Recommendations

There are two recommendations that the writer would like to make:

1. This unit is adaptable to all grade levels; therefore, teachers should be encouraged to teach students about becoming aware of personal and oral hygiene.
2. Pediculosis is a prevalent problem throughout all grade levels in this school. Therefore, teachers at all grade levels should instruct students and parents how to diagnose and treat head lice. This may diminish the occurrences of recurring head lice.

Dissemination

The writer will continue to integrate this unit into the curriculum in the future. The faculty at this particular grade level was encouraged to implement this unit. The writer will discuss the dissemination of this hygiene awareness unit with faculty members from other grade levels. Further, the writer will disseminate this unit to other schools in the district whose students may have similar hygiene problems.

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Appendices

APPENDIX A

PRE AND POST STUDENT PERSONAL HYGIENE SURVEY

PERSONAL HYGIENE SURVEY

DIRECTIONS: Please read each statement carefully and select the best response based on your daily hygiene habits. Place an x next to the best response.

DAILY HYGIENE HABITS:

1. Each day I bathe or shower
   _____ Once
   _____ 2 or 3 times
   _____ 4 or 5 times
   _____ Never

2. Each day I wash my face
   _____ Once
   _____ 2 or 3 times
   _____ 4 or 5 times
   _____ Never

3. Each day I wash my hands
   _____ Once
   _____ 2 or 3 times
   _____ 4 or 5 times
   _____ Never

4. Each day I wash my hair
   _____ Once
   _____ 2 or 3 times
   _____ 4 or 5 times
   _____ Never

5. Each day I comb or brush my hair
   _____ Once
   _____ 2 or 3 times
   _____ 4 or 5 times
   _____ Never

6. Each day I brush my teeth
   _____ Once
   _____ 2 or 3 times
   _____ 4 or 5 times
   _____ Never

7. Each day I floss my teeth
   _____ Once
   _____ 2 or 3 times
   _____ 4 or 5 times
   _____ Never

APPENDIX B

FACULTY OBSERVATIONAL INTERVIEW SURVEY

OBSERVATIONAL INTERVIEW SURVEY

DIRECTIONS: Read each statement carefully and select the best response based on your present and past observations. Use the following ratings for your responses.

1= Strongly Agree
2= Agree
3= Undecided
4= Disagree
5= Strongly disagree

1. ____ Many students have poor personal hygiene.

2. ____ The classroom atmosphere has an unpleasant odor caused by students' poor hygiene habits.

3. ____ Many students come to school wearing soiled clothes.

4. ____ Many students have poor oral hygiene.

5. ____ There is a large percentage of students with recurring head lice.

6. ____ Many students wear the same clothes to school every day.

7. ____ Many students have uncleaned hair.

8. ____ Many students have disheveled hair.

Please note: This observational survey is for faculty members only. Faculty may choose to answer questions orally, rather than completing the survey.

APPENDIX C

STUDENT HEAD LICE FORM

STUDENT HEAD LICE FORM

Dear Parent: Date _____

Your child _____, is not in compliance with school regulations. Your child has a problem with head lice. Head lice is a contagious condition. Your child may not be admitted until the problem is rectified. Please refer to the attached literature for information for treatment. If there are any questions regarding this matter, please consult the school nurse.

Your child may be admitted to school after he/she is examined by the school nurse.

Your child is required to be rechecked within:

_____ one week

_____ two weeks

Thank you for your cooperation,

School Nurse.

APPENDIX D

HYGIENE AWARENESS UNIT PARENT LETTER

TO: Parents

From: Second Grade Faculty Member

RE: Hygiene Awareness Unit

This year the students will be learning about personal and dental hygiene. A hygiene awareness unit will be integrated into the curriculum. The unit will include several strategies to enhance students' awareness of personal and dental hygiene. An emphasis will be placed on personal and dental hygiene. The diagnosis and treatment of head lice will be discussed.

This hygiene awareness unit is a three month program. The first month the students will become aware of personal hygiene. Each student will be given a personal hygiene kit which includes a bar of soap, a wash cloth, a hand towel, a toothbrush, toothpaste, floss, a comb, and a small box of kleenex. The contents of each hygiene kit will be provided. The students will continue to utilize their personal hygiene kits throughout the three month unit.

The students will be learning about dental hygiene and the diagnosis and treatment of head lice the second and third month of the unit. Students will participate in field trips in conjunction with lectures, guest speakers and experiments.

The objective of this hygiene awareness unit is to enhance students' awareness of proper personal and dental hygiene, and to motivate students to take the responsibility of practicing each hygiene habit on a daily basis.

The class will be working on this unit on a daily basis; however, participation is not required for students whose parents do not approve of this unit. If there are parents who have questions and concerns regarding this hygiene awareness unit, please feel free make an appointment to discuss these matters.

Thank you for your continued cooperation and support.

APPENDIX E

PERSONAL HYGIENE WORKSHEETS

HYGIENE WORKSHEET

Directions: Choose the correct letter that best answers the question.

1. People should bathe or shower _____.

   A. once a week

   B. once a month

   C. once a day

2. People should wash their hair _____.

   A. two to three times a week

   B. three times a day

   C. once a month

3. Germs travel through _____ when people breathe, cough, sneeze, yawn, and talk.

   A. air

   B. land

   C. water

4. When people cough, sneeze, or yawn they should cover their _____ to keep germs out of the air.

   A. hands

   B. mouth

   C. face

5. Germs can be spread from _____ from the same cup that someone else is using.

   A. eating

   B. drinking

   C. smelling

6. People should wash their _____ after using the bathroom.

   A. hands

   B. feet

   C. face

7. There are _____ types of germs.

   A. six

   B. four

   C. ten

8. Which of the following is <u>not</u> a germ _____.

   A. fungi

   B. bacteria

   C. infection

9. Germs can be identified with a _____.

   A. microscope

   B. human eye

   C. magnify glass

10. Cleanliness and proper washing stops the spread of _____.

   A. germs

   B. insects

   C. dirt

THE DIFFERENT TYPES OF GERMS

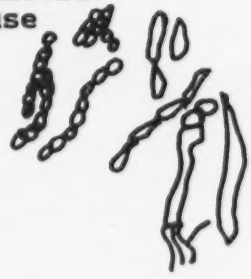
DIRECTIONS: Read the following definitions for each germ. Identify the different types of germs, and print the name of the germ on the line. Study the attached sheet before labeling each germ.

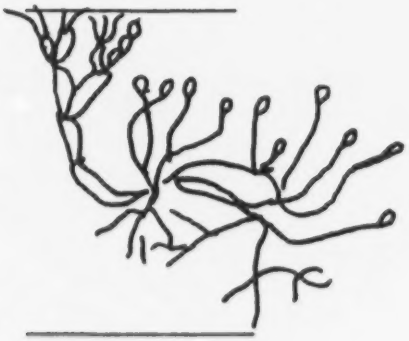
Bacteria - is one type of microbe. They can be found in air, soil, food, water, and on and in one's body. Most kinds of bacteria do not cause harm.

Viruses - are microbes much smaller than bacteria. A virus can not be seen under a microscope. Nearly all known viruses cause diseases such as the common cold and the flu.

Fungi - are plantlike and are made up of one cell or many cells. The mold you see on some cheeses and mushrooms are among the many-celled fungi. Yeast is a single-celled fungi. Many of these fungi cause infections such as athlete's foot and ringworm.

Protozoan - is a small animal, such as the amoeba. Many protozoans live in water. Some may cause digestive and respiratory infections.





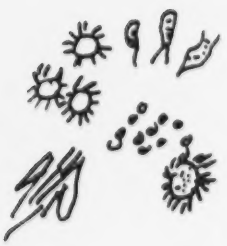
THE DIFFERENT TYPES OF GERMS

BACTERIA

FUNGI

PROTOZOA

VIRUSES



Fleming et al. (1983).
Building Better Health.
pp. 184-185

GERM WORD SEARCH

DIRECTION: Find the words listed below in the scrambled puzzle. All the words may be spelled out from left to right or top to bottom. Find each word and put a circle around the letters that spell the word.

A I R B O R N E C A T C H J T D B O

N V J A K W A T E R B O R N E O R U

T A C C H E C K U P F G I D V C U S

I C O T N F O B D G F L U I I T S O

B C L E U U U S N E E Z E S R O H A

I I D R R N G I H R N R K E U R O P

O N S I S G H C O M S P L A S V Z X

T E M A E I Z K P S I C K S E W H S

I B L O O D C E L L S V X E S Y A H

C O N T A M I N A T E D F O O D I O

S K I N A N T I S E P T I C U V R W

P E R S O N A L H Y G I E N E E U E

B A T H Y C L E A N L I N E S S P R

M I C R O S C O P E O W A S H P L X

BLOOD CELLS
COLDS
DOCTOR
SNEEZES
SICK
FUNGI
GERMS
MICROSCOPE
BRUSH
NURSE
BORN

VIRUSES
CHECKUP
FLU
ANTISEPTIC
HYGIENE
CLEANLINESS
PERSONAL
SHOWER
WASH
VACCINE
ANTIBIOTIC

BATH
CONTAMINATED
SKIN
FOOD
BACTERIA
CATCH
DISEASE
HAIR
SOAP
WATER
COUGH

APPENDIX F

PERSONAL HYGIENE QUIZ

PERSONAL HYGIENE QUIZ

Directions: Write true if the statement is correct, and false if the statement is not correct.

1. There are six different types of germs. _____
2. A Fungi is a small animal. _____
3. Most kinds of bacteria do not cause harm. _____
4. A person can get a cold from a virus. _____
5. Fungi are plantlike and are made up of one or more cells. _____
6. Germs can be found nearly everywhere. _____
7. People should bathe on a daily basis. _____
8. Germs can be easily identified by the human eye. _____
9. Maintaining proper personal hygiene is not important. _____
10. People do not have to wash their hair. _____
11. People should comb their hair at least once a day. _____
12. It is not necessary to clean under one's fingernails. _____
13. Microbes, or germs, are the smallest plants and animals in the world. _____
14. People should not cover their mouth when they sneeze, cough, or yawn. _____
15. Washing hands several times a day can help stop the spread of germs. _____

APPENDIX G

DENTAL HYGIENE WORKSHEETS

THE STEPS TO PROPER DENTAL HYGIENE

Steps To Proper Brushing:

1. Place bristles alongside teeth. Slant brush upward so tips push against the gum line. Move brush back and forth.

2. Brush the outer surface of each tooth. Brush the upper and lower teeth.

3. Brush the inner surface of each tooth. Scrub teeth with short gentle strokes.

4. Scrub the chewing surface of each tooth.

5. Gently scrub gums and tongue. This will help prevent gum disease and freshens breath.

Steps to Proper Flossing:

1. Break off approximately 15 inches of floss. Wind the ends around the middle finger of each hand.

2. Pull the floss tightly. Slide it between the space of two teeth. Pull floss gently toward one tooth. Slide it up to the gum line, then down the tooth (use thumbs to guide the floss).

3. Finally, pull floss away from the gum by scraping the side of the tooth. Scrape floss down on upper teeth and up on bottom teeth.

4. Repeat these steps on the rest of your teeth. Follow this process at least once a day.

Remember To Rinse:

1. Good rinsing is important. Rinsing removes loosened plaque and debris from your teeth and gums. Rinse thoroughly after brushing and flossing.

THE TOOTH STUDY GUIDE

Defining the Different Parts of the Tooth:

1. **root** - holds tooth in the jawbone.
2. **crown** - is the part you can see in your mouth.
3. **cusp** - is the pointed part of the tooth.
4. **enamel** - is very hard tissue that covers the crown.
5. **dentin** - is the hard tissue that forms the body of the tooth.
6. **pulp** - is the center of the tooth. The pulp contains nerves and blood vessels.
7. **cementum** - is a bonelike tissue that covers the root.
8. **periodontal membrane** - is the layer of tissue between the cementum and the jawbone. This holds the tooth in place.

Defining the Different Kinds of Teeth:

Incisors - are the flat sharp teeth in the front and center of the month. The incisors cut food.

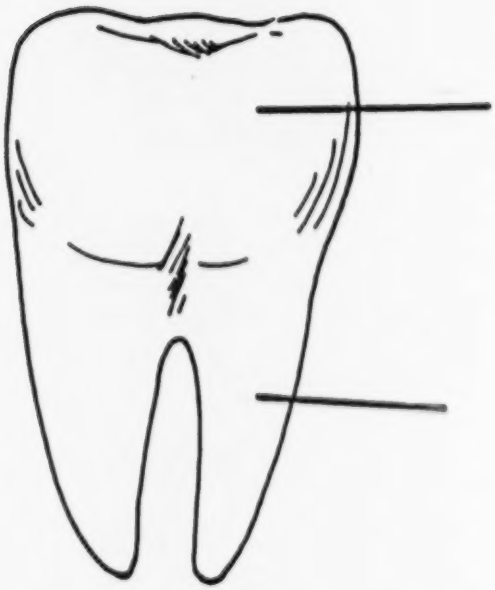
Cuspids - are the teeth in the corners of the mouth. The cuspids are used to tear food.

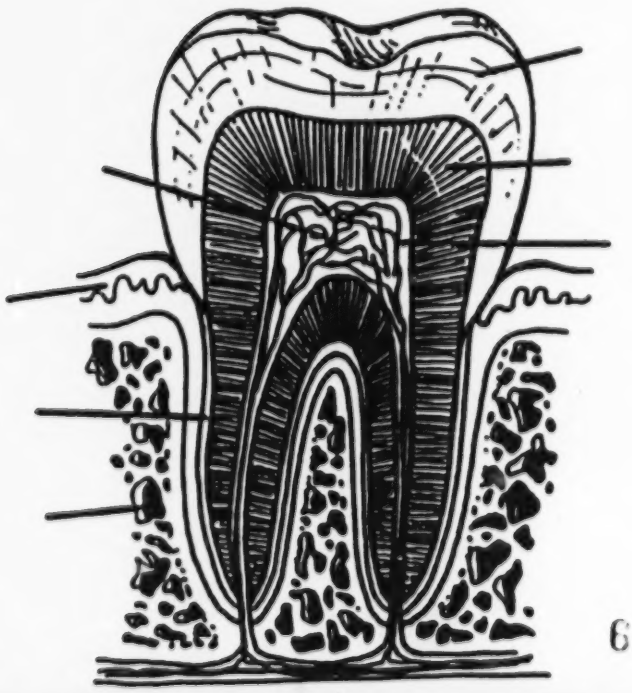
Bicuspids - are the teeth in back of your cuspids. The bicuspids are used to tear and crush food.

Molars - are the teeth in the back of the mouth. The molars are used to grind food.

Student Name_____

TEETH DIAGRAMS





Daugs & Cazier, (1986). Bits & Bytes of Dental Health in the Classroom. p. 16

APPENDIX H

DENTAL HYGIENE TEST

DENTAL HYGIENE TEST

Directions: Choose the correct letter that best answers the question.

1. It is best to brush teeth _____ times a day.

   A. three

   B. once

   C. zero

2. The first set of teeth we get are called _____.

   A. permanent

   B. primary

   C. molars

3. The part of the tooth we see in the mouth is the _____.

   A. root

   B. crown

   C. pulp

4. The soft pink material that grows around the teeth are the _____.

   A. bone

   B. cementum membrane

   C. gums

5. The last set of teeth are called _____ teeth.

   A. permanent

   B. primary

   C. molars

6. The hard part of the tooth that holds the tooth tightly in place is the _____.

   A. root

   B. crown

   C. enamel

7. It is best to floss _____ .

   A. once a day

   B. once a month

   C. never

8. A sticky substance called _____ is always forming on teeth.

   A. filling

   B. plaque

   C. cavities

9. When plaque hardens it is called _____.

   A. calculus

   B. plaque

   C. filling

10. A _____ is the material that repairs a cavity in a tooth.

    A. plaque

    B. filling

    C. calculus

Bonus question: Name the four different kinds of teeth.

1._____ 2. _____ 3. _____ 4. _____

Directions: Answer true if the statement is correct and false if the statement is incorrect.

1. There are twelve parts of a tooth. _____

2. A person is less likely to get tooth decay if they decrease the amount of sugar they eat. _____

3. Toothbrushing removes plaque from your teeth. _____

4. Every tooth does the same task. _____

5. Flossing between your teeth helps prevent tooth decay. _____

6. Holes in the enamel that covers teeth are called cavities. _____

7. People should visit the dentist at least twice a year. _____

8. Braces will straighten crooked teeth. _____

9. Fluoride does not help prevent tooth decay. _____

10. When gums are sore and bleed easily, this is called gingivitis. _____

APPENDIX I

HEAD LICE WORKSHEETS

THE STEPS FOR TREATING HEAD LICE

Directions: The following statements are the steps for treating head lice. These steps are not in the correct order. Read each step then think about what order these steps should be in to successfully eliminate head lice.

1. Using a regular comb, comb out snarls and tangles.
2. Leave Rid shampoo on for ten minutes.
3. Repeat steps for the rest of the hair.
4. Wipe nits from the Rid comb with a tissue.
5. Place tissue in sealed bag to prevent reinfestation.
6. Comb hair into four parts. Start at the top and comb away from the scalp. Make certain that the comb touches the scalp.
7. Apply Rid shampoo to dry hair. Saturate the entire head of hair with shampoo.
8. Using bobby pins, pin back the sections of hair that has been combed.
9. Wash Rid shampoo out of hair thoroughly with regular shampoo.
10. Place rubber or plastic gloves on the person who is combing out the nits or lice.
11. Soak Rid comb in hot soap and water following treatment.
12. Reapply Rid and recheck for nits in seven to ten days. If reinfestation does occur repeat steps for treating head lice.

Think about the discussion in class and write the steps in the correct order following each number. Use the steps that are listed on page one. The steps listed are not in the correct order.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

PLEASE NOTE:

To prevent reinfestation it is vital that all bedding, clothing, hats, combs, and brushes be washed in soap and hot water. Use the Rid spray on upholstered furniture, mattresses, and carpeting. Comb out nits and lice outside the home. Check other persons residing in the home for nits or lice.

HEAD LICE WORD SEARCH

DIRECTION: Find the words listed below in the scrambled puzzle. All the words may be spelled out from left to right or top to bottom. Find each word and put a circle around the letters that spell the words.

K O P L I F E C Y C L E P M B H S E W

B O M C B S E L B V S D C O M B K L O

I R L O Z H Z C E Q C N Y M P H L O I

O Y I C L A X W Q Q A L I C E X U P N

L N I T Z M M U N N L E G G O L K J C

O Q P M Z P F V B W P A R A S I T E U

G S S C H O O L D I A G N O S I S T B

Y X W Z T O T R E A T M E N T R G G A

W A S H L I N F E S T A T I O N V S T

H S O P B E D D I N G X M N B V C U I

A D U L T K O F R W H I T E J U S T O

I Y E L L O W M A B N U R S E S S P N

R P E D I C U L O S I S T U L O U S E

NURSE	LOUSE	WHITE	YELLOW
PEDICULOSIS	NIT	ADULT	BEDDING
INFESTATION	EGG	WASH	TREATMENT
DIAGNOSIS	LICE	NYMPH	SCHOOL
PARASITE	SCALP	COMB	SHAMPOO
INCUBATION	BIOLOGY	HAIR	LIFECYCLE

APPENDIX J

HEAD LICE QUIZ

HEAD LICE QUIZ

DIRECTIONS: Write true if the statement is correct and false if the statement is not correct.

1. The head louse exists in three forms: an egg or nit, nymph, and adult. _____
2. Head lice is contageous. _____
3. Students with head lice can attend school. _____
4. Regular shampoo treats and eliminates head lice. _____
5. Lice do not like light. _____
6. Lice cannot be transmitted through combs, brushes, and hats. _____
7. Nits can be found behind the ears. _____
8. People who have head lice never get reinfested. _____
9. The main symptom of head lice is itching. _____
10. People can comb out nits with a regular comb. _____
11. Students can return to school after all nits and head lice are eliminated. _____
12. Students should be recheck seven to ten days following treatment. _____